

## California State Journal of Medicine.

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MAY, 1904.

### NOTICE OF REMOVAL.

The Publication Office of the State Society is now established in Room 1, Y. M. C. A. Building, corner Ellis and Mason Sts., San Francisco.

### EDITORIAL NOTES.

The address of the outgoing president, Dr. Ellis, contains so much food for careful thought that it is almost unfair to comment upon only a portion of it. **ORGANIZATION AND POLITICS.** Probably the gist of the text on which Dr. Ellis preached so well, may be given as indicated—our duty to the public as represented in the direction of organization enabling us to exert our strength to benefit state and national affairs—politics. Let every man take to heart one sentence: "Whenever medicine has touched politics, politics has been bettered; but whenever corrupt politics has touched medicine, medicine has been smirched." Probably nothing in the whole address is more true nor better good sense than that statement. Think of all the times when you *know* that corrupt politics has prevented some legislation much needed for the public welfare; think of the number of times that undue influence has been brought to bear to the end that some wise medical act might be overset. Look at the present state of things in Washington, where the biggest and most corrupt lobby that the Capitol has seen for a generation is working against the very thing for which the people are suffering—a pure food and drug law

that will do some good. And this lobby is composed of those who ruin more lives each year than any other class—the nostrum and "patent medicine" manufacturers. Is it not time the doctor got into politics and stayed there? Is it not time that we had more men elected to legislative offices who are pledged to support right legislation? Can you not see your duty, and will you not do it?

The very able Address in Medicine, read at the recent meeting of the State Society by Dr. Rooney, accentuates a point that has been **PREVENTIVE MEDICINES.** raised in various parts of the State within the past year—the relations between the proposed municipal or State laboratory or preventive medicine. One could not ask for a stronger presentation of the case than that furnished by Dr. Rooney. Himself typical of the foremost rank in that great class of physicians—the country practitioner—his words come to us with added weight. Many times, in the history of medicine, common sense and keen reasoning have effected great improvements. But these are exceptional cases. The laboratory, with its near approach to exact science, has been and is bound to be the great agency in advancement, and particularly in the further development of preventive medicine. The country doctor who has much practice and lives up to his unwritten obligations, cannot, in the very nature of things, devote much if any time to laboratory work. He does not suffer, through his natural inability, through the very essential limitations of his environment, but the people do suffer and their suffering is at the cost of the State. For it is the producing people who make the strength of a State and of a country; one hard-working, God-fearing farmer is worth several generations of modern "financiers."

Time was, and not so long ago, that the dividing line between medicine and surgery could be fairly well drawn. But that **SURGERY vs. MEDICINE.** is fast becoming impossible, and each passing year makes the task still harder. Conditions which a few years ago were unhesitatingly classed as medical, are now regarded by the surgeon as well within his own domain. And it is not difficult to see how this should be so. Primarily, it is due to greater accuracy in diagnosis; and secondarily, to more rational and common sense views based upon this more accurate etiology. In the old days dysentery would, unquestionably, be classed as a strictly medical complication. But we have now learned pretty accurately not only its actual cause, but its particular field of limitation, and already is the challenge filed. The Address in Surgery delivered by Dr. J. Henry Barbat at our recent

meeting, published in this number, gives a practically complete resume of the various expressions on the subject up to date, and Dr. Barbat certainly presents the case for the surgeon. In brief, the argument is simple. We have a certain section of the gut which is the seat of trouble due to its infection by organisms that live and thrive upon its normal contents, and which ordinary remedies seem to affect but little. Why not separate this section from the healthy, give this portion of intestine a complete rest, and thoroughly cleanse it from its contamination of germs? The argument is direct and simple; the discussion, in the months to come, should prove interesting.

Under this caption the *Journal of the American Medical Association*, in a recent issue, complains bitterly of the demoralized condition  
**DRUGGIST** of the drug store to-day. It is too  
**ETHICS.** true that the average drug store looks like a department store gone astray, or the wagon of some itinerant.

Commercialism has invaded entirely too much the proper domain of drug dispensaries, and it seems time for concerted action on the part of the medical profession to bring about the necessary reform. Meantime, much may be done to discourage the growing evil if physicians will encourage the filling of their prescriptions at pharmacies where more attention is paid to the proper dispensing of legitimate medicines than at the almost department-store variety shops that maintain a counter for prescriptions, but very evidently consider this an entirely secondary feature of their business.

But why shirk the blame and lay it all on the pharmacist? Who is it that can no longer write a prescription for his patient without "specifying" somebody's preparation, or somebody's mixture? The evil has grown from small things to large, but the pharmacist is not the only one who has nursed it along. The medical profession is quite as much responsible for the degeneracy in pharmacy of the day as is the druggist. It is the doctor who has been for years forcing the pharmacist from his profession into "commercialism," until now at least 75 per cent of the medicine used is ready-to-take mixed stuff which the manufacturer recommends for some line of ills, and the physician knows nothing about. Did the pharmacist commence the delightful game by asking the doctor to "specify" some particular make of chemical, because only one house could make it pure? Did he continue it by asking the doctor to "specify" some manufacturer's "preparation" of a U. S. P., or National Formulary preparation that he could make just as well himself, and at vastly greater profit? Did he further increase his own bad plight by asking the physician to "prescribe" (Heaven save the mark!) some "proprietary mixture" the formula of which the manufacturer did not wish to disclose for commercial reasons? Is

it the pharmacist or the physician who is so densely ignorant of his own profession that he accepts unquestioningly the idle statements that are told him; who does not know that *hexamethylene tetramine* is *hexamethylene tetramine*, even though it masquerades under seven different names? Is it the pharmacist or the physician who is so poorly equipped with information as to believe that different specimens of a chemical, having the same melting point, and in every other known respect the same identical thing, can have different therapeutic qualities? Is the pharmacist the only guilty agent in the prostitution of a noble profession to the ignoble greed of ignorant but unscrupulous manufacturers? Is it the pharmacist who first prescribes some nostrum "in the original package," to avoid substitution (of what, God only knows!) and then realizes that the patient can go to a store and ask for the same thing without first consulting the doctor? There is hardly a pharmacist in the country who would not gladly rid himself of half his stock of clap-trap stuff, if he could; but the physician will not let him, because, forsooth, he does not know enough about his own profession to know what he is using or what he is making the druggist do. It would be an even bet that the very editorial in question was written with a pencil bearing the name of some manufacturer of a "proprietary" medicine, the exact formula of which no one but himself and God can know. A little more talk about "doctors' ethics" would be more to the point. "First take out the beam which is in thine own eye."

If final action has not been taken on the "Heyburn Pure Food and Drug Bill, or H. R. 6295," before this issue of the *JOURNAL* reaches you, you should at once write to the Hon. W. B. Heyburn, U. S. Senate, Washington, D. C., and assure him of your hearty approval of this measure. Also write at once to the two Senators from this State and urge upon them the necessity of working for the passage of the bill. At the time of writing there is a fierce fight against it, put up by the manufacturers of secret proprietary medicines, nostrums, etc., and the blenders of bad whisky. The bill is very much the same as the bill that passed the House last year, but got lost in the "celebrated chamber of antiquities," the Senate. It establishes standards for foods and it provides for the proper formulation of standards for drugs and foods, and provides for their maintenance. It furnishes much that the people of the United States need, and that the medical profession has long suffered for. The fight is the fight of decency against unscrupulous greed, dishonesty, charlatanism,